

King County Community Prevention Training Funds Application 2011-2012
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Please refer to the "King County Community Prevention Training Funds 2011 - 2012 Guidelines" before you complete this application. Reminder: Your application is due at least 30 days in advance of the training. If there are any changes to the application after it has been submitted (e.g. the training is postponed), notify us immediately.

Individual Applicant's Name: _____

(If this application is for more than one person, be sure to complete question number 3).

Organization Name: _____

Address: _____

City and Zip Code: _____

Phone/Fax/Email: _____

1. Training Date(s) and Location: (When/where will the training take place?)

Date(s) of Training: _____

Location of Training: _____

Name of Training: _____

2. Is the training you are applying for listed as one of the 2011 - 2013 Evidence-based Programs, specifically listed on the Athena Forum website at

http://www.theathenaforum.org/2011_13_washington_state_dbhr_ebp_list?

List the name of the Evidence-based Program:

3. How many people want to be trained? What are the names of those who will receive training if the application is approved? (How many people are you sending to the training? Or, if bringing in a trainer, how many people will receive training as a result of this application?)

How many people to be trained: _____

Name(s) of people to be trained:

4. **Total cost:** (List the total amount the training will cost, including all funds that support this training event. **Must have at least 10% matching funds**).

Itemized Expenses	Training Funds Amount Requested	Matching Funds
Registration Fee		
Lodging		
Meals (Only those not provided at training)		
Mileage (Only in-state mileage)		
TOTALS		

5. **Are these costs in compliance with Training Guidelines?** (Please refer to the 2011-2012 Training Guidelines.)

☐ Yes ☐ No, please explain: _____

6. **Who will prepay for this training/conference?**

☐ Agency ☐ Individual(s)

Mail Application To: Carol Jernigan
King County Department of Community and Human Services
Alcohol and Other Drug Prevention Program
401 Fifth Avenue, Suite #400
Seattle, WA 98104-5037

Or Email Application To: Carol.Jernigan@kingcounty.gov

Or Fax Application To: (206) 296-0583

This section for AOD Prevention Program use only	
Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Modifications, if necessary: _____	
Maximum Expenditure: \$ _____	
Approval Signature: _____	Date: _____
Supervisory Signature: _____	Date: _____